

**Maine Center for Disease Control and Prevention
2005-2006 Strategic Plan**

**Maine Center for Disease Control and Prevention
Maine Health and Human Services**

Strategic Plan

2005 – 2006

Adopted October 28, 2005



Maine Health and Human Services
Maine Center for Disease Control and Prevention
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INTRODUCTION

The Maine Center for Disease Control and Prevention's (Maine CDC) strategic plan has been developed within a layer context. National health expenditures are projected to reach \$3.6 trillion in 2014, growing at an average annual rate of 7.1 percent during the forecast period 2003-2014. As a share of gross domestic product (GDP), health spending is projected to reach 18.7 percent by 2014, up from its 2003 level of 15.3 percent.¹ Nationwide, population based public health services account for approximately one percent of the \$1 trillion spent annually on healthcare. We believe that effective and efficient population health services can help to control the rising costs of health care.

Population based public health embraces the concept of what the Institute of Medicine (IOM) defines as the three core functions of public health: assessment, policy development, and assurance.² The core foundation of public health is based upon the 10 essential public health services, which are:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people with needed personal health services and ensure the provision of health-care otherwise unavailable
8. Ensure a competent public health and personal health care workforce
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services
10. Conduct research to produce new insights and innovative solutions to health problems

The Maine HHS Public Health system strives to prevent epidemics; protect the environment, workplace, housing, food, and water; promote healthy behavior; monitor the health status of the community; respond to disasters; ensure the quality of medical care; provide high-risk persons with needed services; and provide leadership and research on health policy.

The role of public health in Maine is one of engaging in a cost effective allocation of scarce resources that focuses on keeping the public healthy and productive.

The senior management team of the Maine CDC is committed to contributing to the creation of the opportunity for every Maine citizen to realize his or her potential by enhancing our public health system. Catalyzed by Maine's Governor and Commissioner of Health and Human Services, a strategic plan has been created by this team in alignment with the Dirigo Health Plan

¹ Centers for Medicare and Medicaid Services

² Institute of Medicine, *The Future of Public Health* (Washington: National Academy Press, 1988)

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and Healthy Maine 2010. Maine HHS Commissioner Nicholas emphasized in his testimony, on May 18th 2005, four primary objectives that all agencies within HHS should strive towards:

- Support, strengthen, and integrate primary prevention efforts for all programs across the Department;
- Integrate mental health and physical health with social services throughout the entire Department;
- Recognize the value and importance of population-based public health efforts in making Maine people healthier and in reducing health-care costs; and
- Eliminate the “silo” approach to services by breaking down barriers into a holistic approach to these services.

The strategic plan will guide the Maine CDC’s work by effectively carrying out the strategic objectives that have been identified. The creation of a shared vision and working towards accomplishing a common vision within Maine Health and Human Services further strengthens Maine’s commitment to public health. It reinforces our beliefs in our workforce, our collaborative community partnerships, our external stakeholders and our customers. It commits us to a path of excellence whereby we can continue to serve the people of Maine. This plan will guide the Maine CDC’s work to effectively carry out the strategic objectives that have been identified. It reinforces our beliefs in our workforce, our collaborative community partnerships, our external stakeholders and our customers. It commits us to a path of excellence whereby we can continue to serve the people of Maine.

ACKNOWLEDGEMENTS

The following individuals were members of the Maine CDC’s Strategic Planning Committee and guided the process over five months from inception to completion: Kay Dutram, Jack Krueger, Paul Kuehnert, Barbara Leonard, Dora Anne Mills, Sally-Lou Patterson, Valerie Ricker and Clough Toppan. Simply put, the process would not have been completed without each of these individuals’ active involvement, energy and commitment.

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STRATEGIC PLANNING PROCESS SUMMARY

In the summer of 2005, as a proactive response to the reorganization of the Maine Department of Health and Human Services that occurred on July 1, 2004³, the senior management team of the Maine Center for Disease Control and Prevention (“Maine CDC”)⁴ decided to undertake a long-range planning process. The team agreed that the Deputy Director of the Maine CDC, Paul Kuehnert, should lead the strategic planning process that would be guided by a Strategic Planning Committee (SPC) made up of Maine CDC senior management team members.⁵ Convened on May 17, 2005, the SPC reviewed and approved a proposed strategic planning process and timeline.⁶ The SPC then provided overall leadership to the effort during the months that followed.

The process established for the development of this three-year plan was one that sought extensive input from both external and internal stakeholders.⁷ Two external consultants Sheena Bunnell, Ph.D., and Judith Burwell, M.S., were engaged to assist in the planning process. The planning approach that was agreed upon was The Strategy Focused Organization Approach (Kaplan and Norton, 2001)⁸, where strategy is a continuous process embraced by both management and staff and the focus is on achieving strategies that are shared and implemented by staff throughout the organization.

A tool that supports the strategy-focused organization approach is the Balanced Scorecard, which provides a framework to define and measure success toward achievement of organizational strategies. The scorecard focuses on four critical organizational perspectives that promote value and success:

- Learning and growth perspective (an environment that is supportive of organizational change, innovation and growth)
- Internal process perspective (the strategic priorities for business and operational processes which create constituent and customer satisfaction)
- Financial perspective (the resource allocation decisions impacting cost-effective outcomes)
- Customer perspective (the strategy for creating value)

³ The new Department of Health and Human Services (DHHS) was established by Public Law, Chapter 689, as of July 1, 2004, by integrating and reorganizing the former Department of Human Services and the former Department of Behavioral and Developmental Services.

⁴ Bureau of Health’s (BOH) name was changed to Maine Center for Disease Control and Prevention (Maine CDC) on September 17, 2005.

⁵ Please see the *Acknowledgements* on page 4 for a complete list of the Strategic Planning Committee members.

⁶ Please see the *Strategic Planning Timeline* on page 6.

⁷ Please see *Appendix A* for a complete list of the internal and external stakeholders.

⁸ Please see the *Appendix B* on Maine HHS *Public Health Strategic Planning Model*.

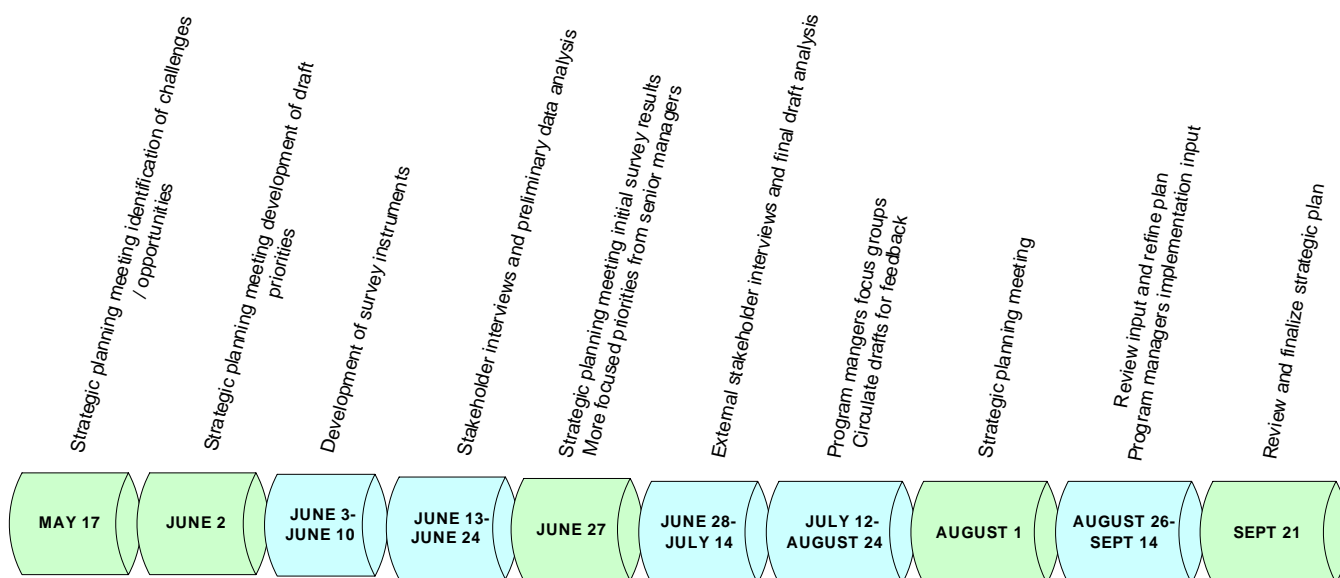
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Public health is a knowledge-based field. The Balanced Scorecard was developed as a means to direct and measure knowledge-based businesses, so it is a tool that can appropriately be applied to strategic planning for the Maine CDC.

The initial strategic planning meeting identified challenges and opportunities that the Maine CDC faced. During the subsequent meeting, draft priorities regarding strategic objectives were developed by the leadership team based on these identified draft priorities. Next, a strategy map visually portraying the three themes and related outcome objectives was developed. Lastly, a survey instrument was developed to obtain feedback from the internal and external stakeholders regarding the organization's draft priorities, areas in which the agency excels, areas in which it needs to make improvements, and what it is that concerns stakeholders during this period of transition at the Maine CDC.

Upon receiving input from the stakeholders through personal interviews and surveys (see Appendix A), the SPC then formulated strategic themes for the Maine CDC for the next three years. These strategic themes were brought back to the Maine CDC managers via focused multi-disciplinary group interactions for their feedback and then reviewed and revised by SPC. Next, a first year Strategic Action Plan was developed which specified the correspondence of each strategic theme with specific next steps to guide the strategy focused organization approach to each of the Maine CDC's Divisions. Input from staff and stakeholders were again solicited, and the plan reviewed and revised by SPC.

Strategic Planning Timeline May-September 2005

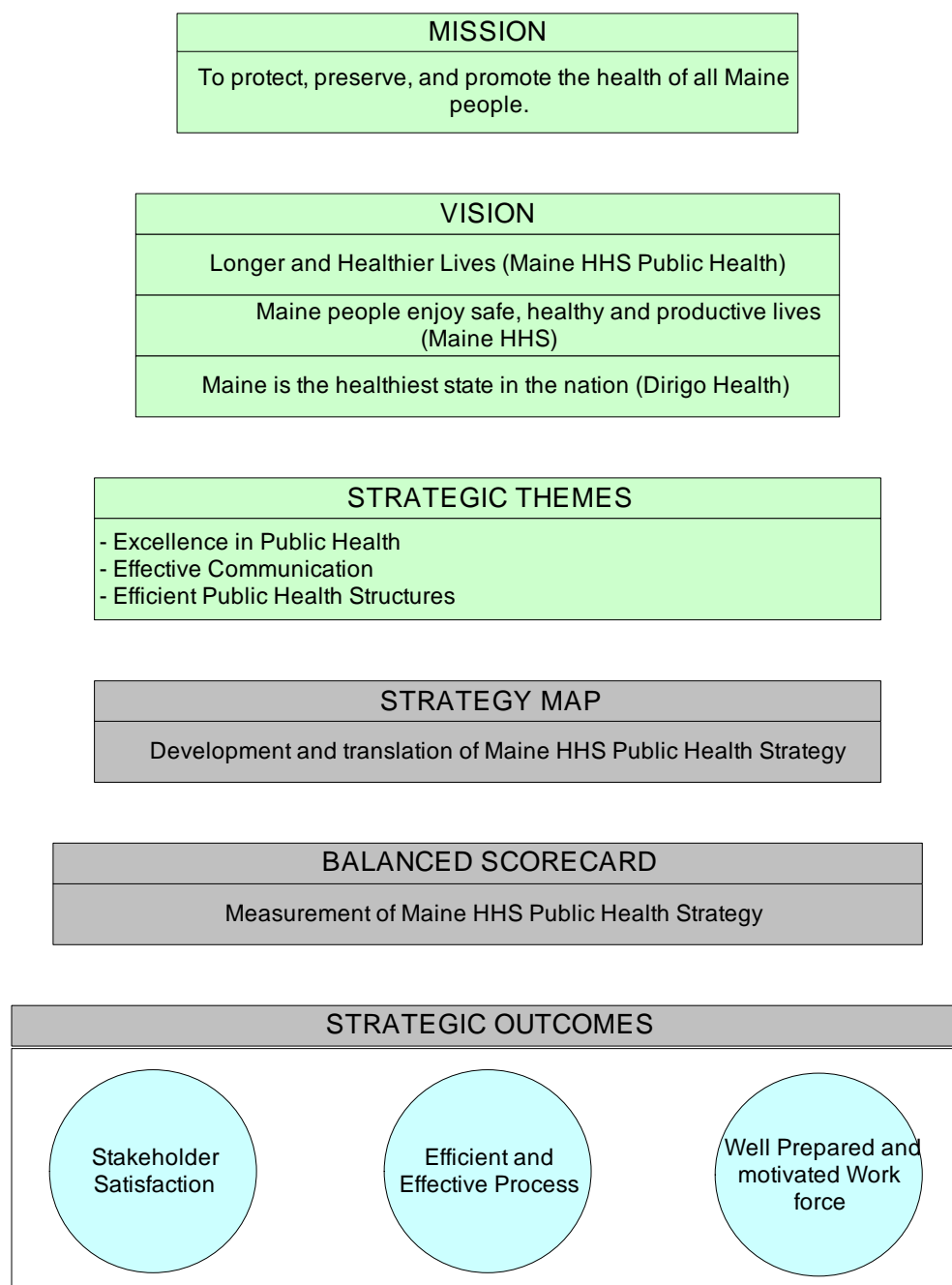


The SPC met five times during the strategic planning process on May 17, June 2, June 27, August 1 and September 21, 2005 respectively. The other timeframes that appear in the boxes above indicate strategic planning activities in the interim.

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STRATEGIC PLANNING COMPONENTS

This diagram describes the Maine CDC's strategic planning components. The mission and vision of the organization drive the strategic outcomes (stakeholder satisfaction, efficient and effective processes and a well prepared and motivated workforce). The strategy map (page 11) describes the strategy and the balanced scorecard measures the strategy.



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STRATEGY MAP

A clear articulation of the Maine CDC's vision and mission provides a good direction for formulating the strategy map. The Strategic Planning Committee designed a strategy map⁹ as a visual representation of its organization's strategy and the process and systems necessary to implement that strategy. This strategy map is a visual representation of what the Maine CDC is attempting to accomplish over the next 3-5 years. Based upon the feedback received from the internal and external stakeholders, three major strategic themes were identified at the Maine CDC: 1) Excellence in Public Health 2) Effectively Communicate Public Health in Maine and 3) Efficient Public Health Structures. A brief description of each one of these themes appears below.

1. Excellence in Public Health

The goal of public health programs and services is to improve the health of populations. To be most effective, the work of public health must be based on clear understanding of the health and characteristics of the population, grounded in sound scientific approaches, and carried out by skilled, appropriately trained professionals. Public health does have a role in providing safety net services to the underserved and the vulnerable members of the population. More importantly, it has a key role in establishing and supporting the systems, social and community environments, and policies that promote, preserve, and protect health. The Maine CDC will implement strategies to ensure excellence in public health that include, but are not limited to: selecting and measuring its work against appropriate performance standards, ensuring appropriate program evaluation and quality improvement, implementing and maintaining high standards for financial management, and selecting and retaining qualified staff and supporting their continued training and education.

2. Effectively Communicate Public Health in Maine

The Maine CDC relies heavily on effective communication to achieve its goals. Clear communication of overall strategic priorities, goals and objectives, and clear, up-to-date information about current issues is critical. The leadership of the Maine CDC is committed to ensuring and enhancing two-way communication so that stakeholder and constituent needs, concerns, and ideas are heard and acted upon and its own priorities, activities, and accomplishments are widely known and understood. Effective communication with partners and stakeholders within state government and in the private sector will be enhanced by regular meetings with key individuals and groups and sharing of information through formal and informal methods. Effective internal communication ensures common understanding of the Maine CDC's priorities and how the organization and its programs will focus their work. Internal communication will be supported through a variety of methods, including employee orientation, training and support; clear communication of employee expectations through common organizational policies and ongoing in-person and electronic communications; and through regular convening of key internal decision-makers, including program managers.

⁹ Please see page 11.

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Public health emergencies require special, highly structured, concise and rapid communication to ensure the safety of the public and coordination of public health and health care resources. The Maine CDC has developed specific structures and protocols for emergency communication within its overall emergency response plans. These will be continually tested and refined to ensure that they will operate efficiently and effectively in any type of public health emergency, whether it is the result of natural disasters such as ice storms, infectious diseases such as influenza, or intentional events such as terrorism.

3. Efficient Public Health Structures

Maine does not have a statewide county or local governmental public health infrastructure, and it is unlikely that such a structure will be developed in the future. Instead, contracts and grants to a variety of organizations, mostly non-profit, have created a loose public health system based within the private sector. The State Health Plan, Maine CDC's experience with initiatives such as public health emergency preparedness planning, home visiting, and Healthy Maine Partnerships all indicate a need to refine the way in which public health programs and services are delivered in Maine. Increased accessibility, effectiveness and efficiency of public health programs are desired at all levels of state government and by grantees, contractors, and the public. The Maine CDC will work over the next several years to streamline its grants and contracts within the context of an appropriate structure at the local level to ensure that strategic public health goals and objectives are met.

Strategy Map

Through input from key constituents/stakeholders the SPC mapped the four interconnected perspectives to the three strategic themes. The four perspectives include the internal and external customers, financial, internal business process, and learning and growth/employees. In developing the financial perspective, this organization explored the question "If we are exceeding expectation, how will we look to our taxpayers and other funders?" With customer perspective the SPC asked "To achieve our vision, how must we be viewed by our customer?" To design the best possible business processes internally, the SPC asked "Which processes must we excel at in order to satisfy our customers, financial funders, and mission?" From the learning and growth perspective, the question asked was, "To achieve our vision, how must our people learn, communicate, and work together to continue to improve and create value?"

Each perspective when viewed horizontally includes the objectives desired by that particular stakeholder. When viewed as a whole the strategy map creates a framework for a concise understanding of the strategic themes and objectives for the organization. This strategy map shows the employees how their jobs are linked to the outcomes represented here inside each circle. For example, to enable the Maine CDC to realize its efficient public health structure strategic theme, it is important for its staff and leadership to partner effectively internally and externally as part of the learning and growth perspective; as this impacts the financial perspective of obtaining sufficient and diversified funding and allows for streamlining of grant making and internal operations. Effective partnering also enables the Maine CDC's ability to lead strategic alliances to build public health capacity. Effective partnering causes the alignment of the Maine

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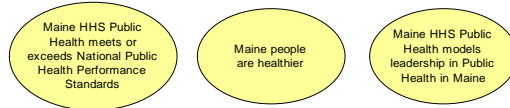
CDC programs with State Health Plan and Healthy Maine 2010 priorities which effects the stakeholders as public health data informs health policy.

Employing the strategy focused organization's approach, where the emphasis is on the implementation of the strategic plan, the SPC mapped the next steps to each of the strategic themes in the outline beginning on page 12.

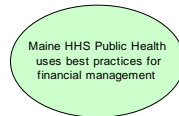
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Maine HHS Public Health Strategy Map

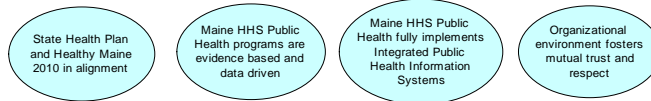
Customer Perspective



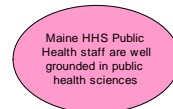
Financial Perspective



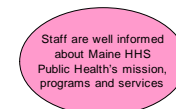
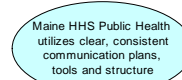
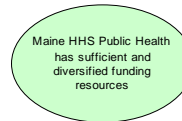
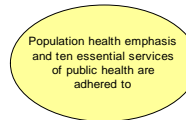
Internal Process Perspective



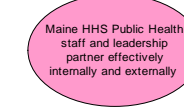
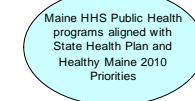
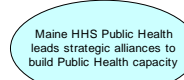
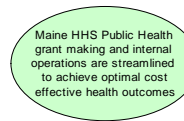
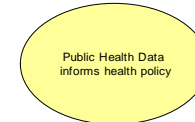
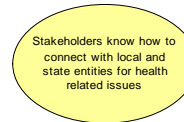
Learning and Growth Perspective



STRATEGIC THEME
EXCELLENCE IN PUBLIC HEALTH



STRATEGIC THEME
EFFECTIVE COMMUNICATION



STRATEGIC THEME
EFFICIENT PUBLIC HEALTH

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STRATEGIC THEMES AND NEXT STEPS

Theme: Excellence in Public Health

Next Steps:

1. Review of various Performance Standard Models

The Maine CDC will ensure the highest possible quality of the public health systems and services in the state by identifying and applying objective quality measures to its own structure and programs and by supporting similar processes at the local level (see Appendix C).

2. Review and adopt performance standards in Divisions and sub-units

3. Establish Office of Minority Health

4. Review of Healthy Maine 2010

- Decade review in 2008
- Plan the review process and develop a report card for Healthy Maine 2010
- Update the data and reports on Healthy Maine 2010

5. Maine State Health Plan

- Initiatives towards the Maine CDC helping to implement the State Health Plan
- Organizational development towards alignment of the Maine CDC with Maine DHHS

6. Alignment of financial management and monthly budget monitoring with:

- Structures
- Policies
- Training
- Support

7. Mutual framework for accountability

- Provide Balanced Scorecard education to managers
- Organize training workshop for all staff and managers regarding mutual trust and performance standards

8. Integrated Public Health Information Systems (IPHIS) initiative

- Continue senior management's active engagement in the implementation of the (IPHIS) Phase I technology initiative

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Theme: Effective Communication

Next Steps:

1. Begin Employee Orientation Program

- Develop formal core competencies

2. Develop a policy for engagement in Continuing Education and Academic programs participation (underway)

- Strengthen University relationship, standardize cooperative agreement development and utilization of state staff resources
- Engagement of internal staff as guest speakers at quarterly forums

3. Public Health Council (PHC)

- Quarterly management meetings with key internal subject matter experts for input towards broad policy issues and serving the Maine CDC's objective of cultivating mutual trust and respect in the organization
- Develop a charter for the PHC that includes its purpose, frequency of meetings, who the players are (internal and external partners)

4. Formal Internal Communication Plan

Senior leadership needs an internal communication plan regarding:

- Policies about internal communication
- Clear expectations of peers among the teams
- Frequency of messages
- Communication Training
- Design of formal learning opportunities regarding excellent communication
- Development of additional spokespeople within the organization

5. Formal External Communication Plan

- Develop a process including report cards to communicate the Maine CDC's achievements/action on an ongoing basis (Fall, Winter, Summer) with the Governor's Office
- Weekly check-in of key activities
- Name change branding/positioning
- Methodology for communicating external communication plan to internal stakeholders
- Foster dialog with key internal Maine HHS stakeholders and external public health partners

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Theme: Efficient Public Health Structures (Phase I completed)

Next Steps:

1. Restructure Agency

- Restructure the agency to represent functions. One of the first strategic actions taken by the Maine CDC was to restructure. This restructuring to functional units is depicted in the appended organizational charts. A new Division of Public Health Systems now encompasses the public health lab, as well as other units with common functions. The Public Health Laboratory is refocused towards excellence in laboratory services, creating a teamwork culture and establishing financial accountability and viability.

2. Public Health Workgroup

- Convening of a public health work group to guide Regional/Local structure change
- The use of the 10 essential public health services as a framework

3. Application of Lean Consumption Management Principles

- Results from various programs (for example, Vital Statistics, MCB Title V should be explored for customer service maximization purposes)

4. Integration/Streamlining of contracts within the developing regional structure (underway)

- Streamlining of contracting relationships (simplification of the RFP mechanism)
- One stop reporting
- Finalization of cooperative agreements with State University System for work-force development

5. Develop and incorporate customer satisfaction feedback

- Division managers to assess program managers for working models regarding customer focused feedback

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IMPLEMENTATION STEPS

1. Organization Level

- a. Senior management team will be responsible for using next steps outline (pages 12-14) as a guide towards implementing the strategic plan over the next twelve months.
- b. Senior management team members will have a quarterly strategic work plan update/discussion with the Maine CDC's Deputy Director. This feedback session will occur regularly on a one on one basis with its primary purpose being to provide senior leadership with coordination, support and assistance with strategic initiatives.

2. Program and Division Level

Each Division within the Maine CDC will engage in developing a strategy focused organizational initiative to address the strategic themes on a Division and Program basis. To do so the Divisions will be given these supportive services:

- a. Education regarding strategy focused organization and balanced scorecard
- b. Division strategic initiative and organizational alignment planning consulting, facilitation and product development services
- c. Executive performance coaching for division directors

ORGANIZATIONAL CHART (please refer to Appendix D)

The key characteristics of the Maine CDC's organizational chart are:

- It was developed as a functional model
- It is a transition model organizational chart subject to change as each Division within the Maine CDC engages in its own strategic planning process
- In its current state, the organization chart was created to improve operational efficiencies

Appendix A

Internal and External Stakeholder Process, Participants, and Related Materials

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EXTERNAL STAKEHOLDER FEEDBACK

Thirty-one interviews were conducted with representatives of external partners that the SPC determined were key external stakeholders and had a strong relationship with the Maine CDC. They included representatives from Department of Education, Agriculture, Environmental Protection, Children's Cabinet, Communities for Children, Portland Public Health, American Lung Association, Maine Medical Association, Maine Health Access Foundation, Medical Care Development, Maine Municipal Association, Maine Restaurant Association, Maine Primary Care Association, Maine Hospital Association University affiliations, the Maine Governor's Office of Health Policy and Finance, and Maine HHS Deputy Commissioner. At the start of the interview, external stakeholders were asked to rank the draft priorities to enable the SPC to determine its strategic themes.¹⁰ Next, questions were asked about the organization's mission, key strengths, areas of improvements, comments regarding the name change from Maine Bureau of Health to Maine Center for Disease Control and Prevention, concerns during this period of transition and general comments. A summary of responses by questions is provided below.

1. What do you believe the Maine Center for Disease Control and Prevention (Maine CDC) should have as its mission?

The majority of the stakeholders expressed satisfaction with the current mission of the Maine CDC.

2. Please list 1-3 things that you think the organization does best right now?

- Engagement in successful communication with the public regarding topics such as: emerging infectious diseases, public health emergency preparedness, tobacco prevention and arsenic poisoning
- Effective partnering with other entities
- A well trained workforce that serve as subject matter experts in public health
- Credible public health presence

3. Areas of improvement that the Maine CDC needs to focus on?

- Building better customer relationship networks and alliances where the Maine CDC can better serve its public health partners and create more collaborative partnerships
- Better allocation of existing resources to demonstrate cost effectiveness and accountability
- Alignment of the Maine CDC's work within the new Maine HHS structure and Dirigo Health/State Health Plan so that resources are optimized; and the Public Health infrastructure development should be accompanied by an alignment of all programs necessary to support the structure
- Clarification of the Maine CDC's strategic direction to its public health partners

¹⁰ Please see page 20 for external stakeholder results

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4. What excites you the most about the new Maine Center for Disease Control and Prevention?

- An opportunity to take advantage of reintroduction of public health and its related services to the public and to design a structure that can work more effectively with external partners
- Creating visibility within the new Maine HHS structure
- The potential to build effective public health capacity within the state
- Furthering the use of evidence based scientific research in public health versus political lobbying as a means of acquiring funding for sustainability
- A signal to the public that the Maine public health organization is rethinking and restructuring itself to better meet the needs of the public

5. What are you most concerned for the Maine CDC during this period of transition?

- Organizational change and politics, and its overall impact on Public Health in Maine
- Leadership's ability to lead through this change given the current Maine HHS turmoil
- Too much dependence on federal funding, a preemptive strategy would be to create more alliances with local legislators to identify and obtain state funding sources
- The Maine CDC should not lose sight of its mission, strategic objectives and its ability to allocate resources during this period of transition

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INTERNAL STAKEHOLDER FEEDBACK

In June 2005, the SPC designed a survey instrument to assist them in assessing organization wide priorities as a prerequisite to the development of the strategic themes as part of the strategic plan development. Maine CDC program staff and managers were requested to fill out the surveys¹¹. Upon receipt of the responses, the results were tabulated¹², feedback reviewed and incorporated into the strategic plan.

On July 13, 2005 and July 14, 2005 three internal stakeholder strategic planning feedback sessions were held where 26 program managers attended the sessions¹³. They were presented with an overview of: a) Strategic planning process, b) Kaplan/Norton Strategy focused organization model c) Balanced Scorecard d) Strategy map e) Draft priorities. They were asked to provide input to the three themes identified as Excellence in Public Health, Efficient Public Health Structure and Effective Communication that the stakeholders had ranked relatively high in the stakeholder survey. The results of these sessions appear below¹⁴.

Responding to the theme of excellence in public health, the program managers

- emphasized the importance of professional accountability across all functions
- requested an increasingly open, mutually trusting and respectful organizational culture focused on learning
- expressed the desire for and importance of exceptional leadership capacity
- requested business process realignment to facilitate their goals and objectives

Responding to the theme of efficient public health structure, the programs managers

- emphasized the need for stakeholder feedback using successful models currently employed
- recognized and requested alignment of operational procedures
- stated the importance of division leaders providing protection from Maine HHS constraints
- proposed the importance of succession planning in public health workforce

Responding to the theme of effective communication, the program managers

- proposed a central repository for information
- pressed for an environment of mutual trust
- emphasized the need for recognition and appreciation of the workforce
- articulated the need for accountability at all levels
- requested more information and guidance regarding organizational change, especially the recent name change and reorganization
- desire a culture that fosters information sharing

Input received from the program managers' feedback sessions were critical elements in the development of the Public Health strategy map.¹⁵

¹¹ Please see page 24 for survey instrument (comments are available upon request).

¹² Please see comparison of internal and external stakeholder surveys on page 20.

¹³ Please refer to page 22 for the Program managers acknowledgements

¹⁴ Details of these sessions are available upon request.

¹⁵ Please see page 11 for the Maine HHS Public Health Strategy Map.

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**COMPARISON OF INTERNAL AND EXTERNAL
STAKEHOLDER SURVEY RESULTS**

Results from the internal and external stakeholder surveys were compared to assist in the development of strategic objectives. 137 internal stakeholders and 23 external stakeholders responded to the ranking of the eight draft priorities that appear in Table 2. A Likert like ranking scale was used with most =4, somewhat =3, not very =2 and least =1. The pattern in terms of responses between the two groups seems very consistent, with the exception of the development of the public health workforce in Maine through continuing education and/or academic programs. These results enabled the Strategic Planning Committee to start focusing on a strategy focused planning model.

Sustain a culture of excellence within Maine CDC	Maintain and enhance diversified funding in order to address health priorities	Model leadership in public health in Maine	Build effective public health capacity and structures in Maine	Align Maine CDC structures with our priorities	Ensure that programs are evidence based and data driven at the Maine CDC	Effectively communicate the value of public health to our customers	Develop the public health workforce in Maine through continuing education and/or academic programs
Internal Staff Stakeholders Results n=137							
3.76	3.68	3.48	3.70	3.33	3.58	3.71	3.56
External Stakeholders Results n=23							
3.70	3.70	3.43	3.74	3.48	3.57	3.39	2.87

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The results from these 31 external stakeholder interviews were used as part of the inputs to the strategy map development.

EXTERNAL STAKEHOLDERS

Last Name	First Name	Affiliation
Austin	Jeff	Maine Municipal Association
Binder	Leah	Franklin Community Health Network
Bradshaw	Jay	Maine Emergency Medical Services
Cayer	Gerry	Portland Public Health (former Director)
Coburn	Andy	Muskie School of Public Health
Deatrick	Deb	MaineHealth
Gallagher	Dawn	Department of Environmental Protection
Gendron	Susan	Department of Education
Grotton	Dick	Maine Restaurant Association
Hall	Mike	HHS Commissioner's Office
Hollander	Lucky	HHS Commissioner's Office
Johnson	Kim	Office of Substance Abuse
Joy	Joanne	Maine Network of Healthy Communities
Kirschling	Jane	USM College of Nursing
LaCasse	John	Medical Care Development
Lewis	Kevin	Maine Primary Care Association
McNelly	Jeff	Maine Water Utilities Association
Michaud	Steve	Maine Hospital Association
Miller	Ed	American Lung Association
Miller	Lisa	Bingham Program
Norton	Mike	HHS Commissioner's Office
Purgavie	Vicky	HomeCare Alliance of Maine
Savell	Susan	HHS Communities for Children
Schneider	Ellen	Governor's Office of Health Policy & Finance
Shannon	Steve	UNE College of Osteopathic Medicine
Smith	Gordon	Maine Medical Association
Spear	Robert	Department of Agriculture
Steele	Erik	Eastern Maine Health Care
Stirling	Lauren	DOE Children's Cabinet
Sullivan	Julianne	Portland Public Health
Wolfe	Wendy	Maine Health Access Foundation

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INTERNAL STAKEHOLDER INTERVIEWS

- Andy Smith
- Kathleen Gensheimer

Internal Stakeholders (Program Managers) Focus Group Participants		
July 13 2005 (1:00-3:00)	July 14 2005 (10:00-12:00)	July 14 2005 (1:00-3:00)
Maryann Amrich	Bob Woods	Kris Perkins
Judy Feinstein	Molly Schwenn	Lisa Tuttle
Jan Morrisette	Don Lemieux	Rebecca Vigue
Dwight Littlefield	Jiancheng Huang	Chris Montagna
Anita Ruff	Diane Arbour	Jim Leonard
Sharon Jerome	Andy Finch	Jason Pushard
Nancy Birkhimer	Russ Martin	Ken Pote
Jim Curlett	Ron Bansmer	Tom Crosby
Dwane Hubert	MaryBeth Welton	

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INTERNAL STAKEHOLDER SURVEY, JUNE 2005

The Bureau of Health Senior Management team has begun conversations about potential priorities for the Bureau as our name is changed to the Maine Center for Disease Control and Prevention (Maine CDC) and some re-alignment of our structure takes place. We value your input as we are shaping the future of our organization together. Please could you take a few minutes and assist us by the ranking of the draft priorities in the following table:

Maine Center for Disease Control and Prevention Strategic Planning Survey				
For each of the Priorities listed below please indicate <u>their importance</u> using a numeric scale of 1-4				
Priorities / Degree of Importance	Most = 4	Somewhat = 3	Not Very = 2	Least = 1
Sustain a culture of excellence within Maine CDC				
Maintain and enhance diversified funding in order to address health priorities				
Model leadership in public health in Maine				
Build effective public health capacity and structures in Maine				
Align Maine CDC structures with our priorities				
Ensure that programs are evidence based and data driven at the Maine CDC				
Effectively communicate the value of public health to our customers				
Develop the public health workforce in Maine through continuing education and/or academic programs				

What are your comments/suggestions about the draft priorities?

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Maine Bureau of Health Internal Stakeholder Survey June 2005

As part of the creation of the new Maine DHHS, the Maine BOH will undergo some structural changes and is being renamed as Maine Center for Disease Control and Prevention (Maine CDC). To help ensure that this transition goes smoothly, the Bureau is beginning a strategic planning process. The BOH senior management team would like to get your thoughts so that the strategic planning is informed by all of our collective knowledge and experience:

- 1) What in particular do you feel you can contribute to the Maine BOH during this time of transition?

- 2) Please list 1-3 things that you think the Bureau of Health does best right now.
 - a)
 - b)
 - c)

- 3) What excites you the most about the name change to the Maine Center for Disease Control and Prevention?

- 4) What are you most concerned about during this period of transition?

Comments

Appendix B

Strategic Planning Model

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The Strategic Planning Committee (SPC) decided to use the Kaplan-Norton¹⁶ strategic planning model that is strategy focused, measurement based and employee and customer centric. A strategy focused organization calls for the development of common strategic themes and priorities such that:

1. Strategy can be translated into operational terms
2. Alignment of the organization to the strategy can occur
3. Strategy becomes a continual process
4. Mobilization of change occurs through senior management

To be able to do this across all Divisions of the Maine CDC, the SPC decided to use the Strategy map and the concept of the Balanced Scorecard¹⁷ in developing its strategic plan.

The foundation of the principle of the Balanced Scorecard (BSC) is based upon the concept of measurement of an organization's performance. Its primary function is to enable management to refine their goals and vision, develop a strategy that allows for continuous feedback to ensure that the goals within the organization are attained. This approach recognizes that the true potential for success of an organization lies within the value created by its knowledge-based assets (employees and technology) that are generally not captured using traditional financial measurements. To account for this gap, the BSC has four primary value creation drivers:

- Learning and growth perspective (an environment that is supportive of organization change, innovation and growth)
- Internal Process perspective (the strategic priorities for business and operational processes which create constituent and customer satisfaction)
- Financial perspective (the resource allocation decisions impacting cost effective outcomes)
- Customer perspective (the strategy for creating value)

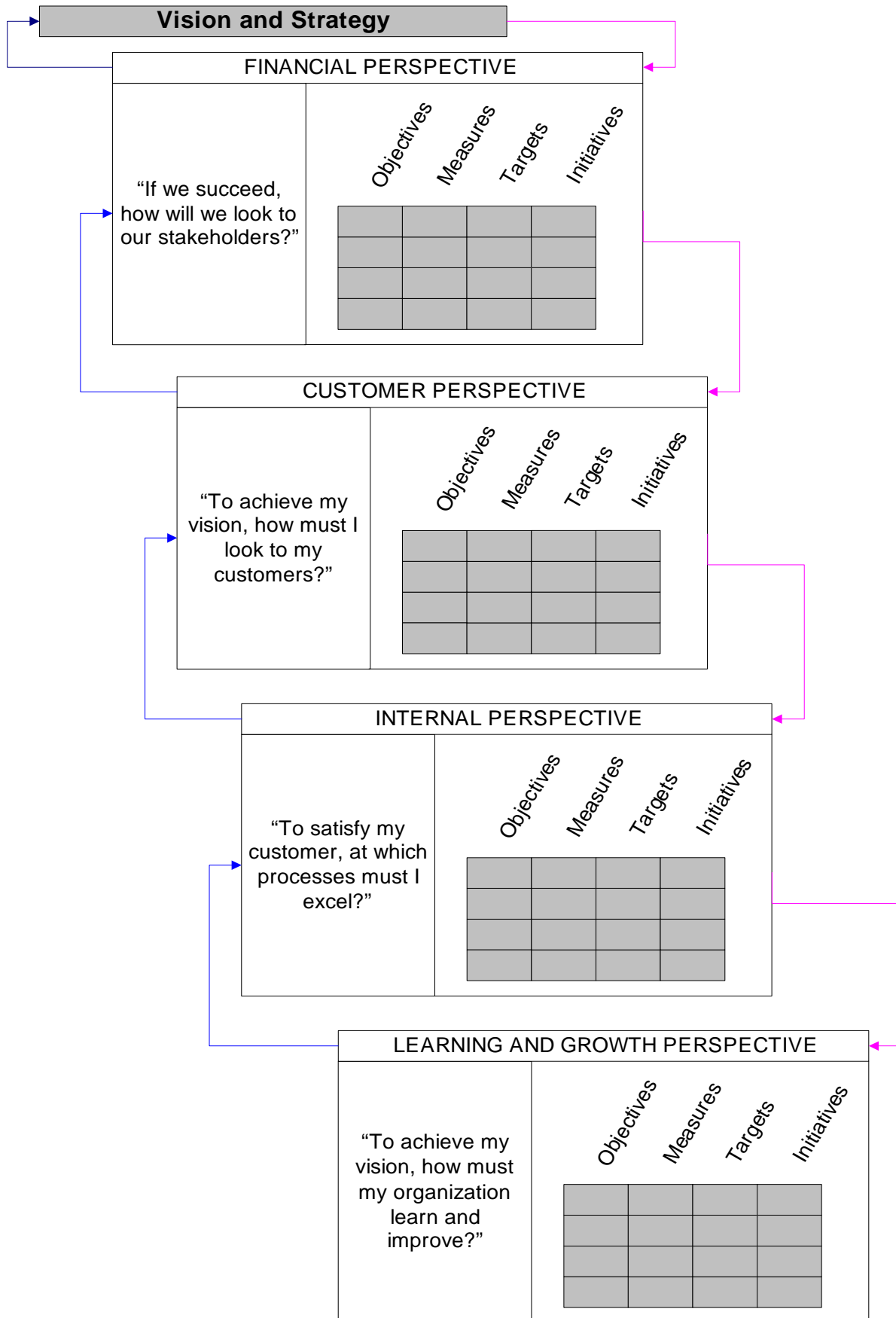
With this measurement structure in place, an organization can better understand and monitor the achievement of its goals. The Balanced Scorecard framework described below, which was developed in the early 1990s by Kaplan and Norton for the private sector, relies on shareholder and other equity based goals and measurements.

¹⁶ Kaplan and Norton, *The Strategy- Focused Organization: How Balanced Scorecard Companies Thrive in the New Business Environment* (Boston: Harvard Business School Press, 2001).

¹⁷ Kaplan and Norton, "The Balanced Scorecard: Measures That Drive Performance," *Harvard Business Review* (January-February 1992).

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BALANCED SCORECARD



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These are not appropriate for the public sector, however many local and state governments have successfully modified it for their use. To apply BSC to public health, an alignment of objectives, strategies and reporting functionality have to occur throughout the organization.¹⁸ An organization wide value added approach is to have in place structures that include a consistent reporting structure, feedback mechanisms and input from the provider community, public, health and political partners on a regular basis to maximize value added to the organization.

A Strategy map¹⁹ was developed for the Maine CDC to translate the four value creation drivers into a road map for describing the strategy. A strategy map provides a contextual relationship between the organization's strategy components and its interrelationships. It enables management to execute its organization's strategy by having people in the organization understand it. A strategy map gives employees in the organization a detailed description of what the objectives are, what they should do and why those tasks are important for the successful execution of strategy. Strategy maps provide organizations with a tool that enables effective communication of the strategy and development of systems and processes.

A key characteristic of a strategy map is that it is a logical visual framework. As applied to the Maine CDC, it provides linkages for integrating this organization's overall objectives with the four perspectives that describe its value creating strategy and the resulting direction and priorities that drive its performance.²⁰ In building the strategy map framework, the SPC reviewed their mission statement and their core values, and then developed their strategic vision. This strategic vision enabled the Maine CDC's SPC to describe its strategy and strategic themes in a logical and sequential manner using strategy maps.

Strategy maps and its corresponding BSC measurement programs are useful tools in the conduct of sound management practices in a knowledge-based economy. This is accomplished primarily through the use of report cards. Applied in the public health context, management and key stakeholders can measure public health performance through an assessment of benefits and risks of strategic and operational decisions. This approach enables for optimal decisions to be made. One of the drivers of successful strategy implementation is to have everyone in the organization understand the strategy and work in a collaborative and cohesive way towards the realization of the common vision and deliver maximum value to the customers, stakeholders and communities.

¹⁸ This can minimize any silo effects that may be present in the organization that generally lead to poor outcomes.

¹⁹ Kaplan and Norton, "Having Trouble with your Strategy? Then Map It," Harvard Business Review (September-October 2000).

²⁰ Please see the section on Maine HHS Public Health Strategy map on page 11 of this document.

Appendix C

Performance Measurement Systems

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Several public health performance measurement systems exist, both for public health departments as a whole and for individual component areas within health departments. The Maine CDC has already initiated work toward CHAP (Community Health Accreditation Program) accreditation for the Public Health Nursing Program and accreditation for the Public Health Laboratory. Options for performance assessment for the Maine CDC as a whole will be reviewed and the most appropriate for Maine will be initiated. Brief descriptions of some of the major performance assessment programs are provided below.

National Public Health Performance Standards (NPHPS): The NPHPS is a true performance assessment NPHPS is supported through a partnership of the major national public health organizations, including the American Public Health Association and CDC. The standards identify the optimal level of performance for state and local public health systems and their governing bodies (boards of health) and seek to ensure that public health systems are strong and effective. NPHPS is based on the framework of the Ten Essential Public Health Services. In Maine, the City of Portland Public Health Division and the Maine CDC's Diabetes Prevention and Control Program have both completed NPHPS assessments.

Mobilizing for Action through Planning and Partnerships (MAPP): MAPP is a tool developed by the National Association of County and City Health Officials (NACCHO). It is primarily a strategic planning tool, but embedded within it is a Local Public Health System Assessment (LPHSA). The LPHSA assesses the components, activities, competencies, and capacities of the local public health system as well as the extent to which the system achieves the Ten Essential Public Health Services.

Assessment Protocol for Excellence in Public Health (APEXPH): APEXPH is another tool supported by NACCHO. It is primarily a planning tool that assesses the organization and management of local health departments and provides a framework for assessing the health status of the community.

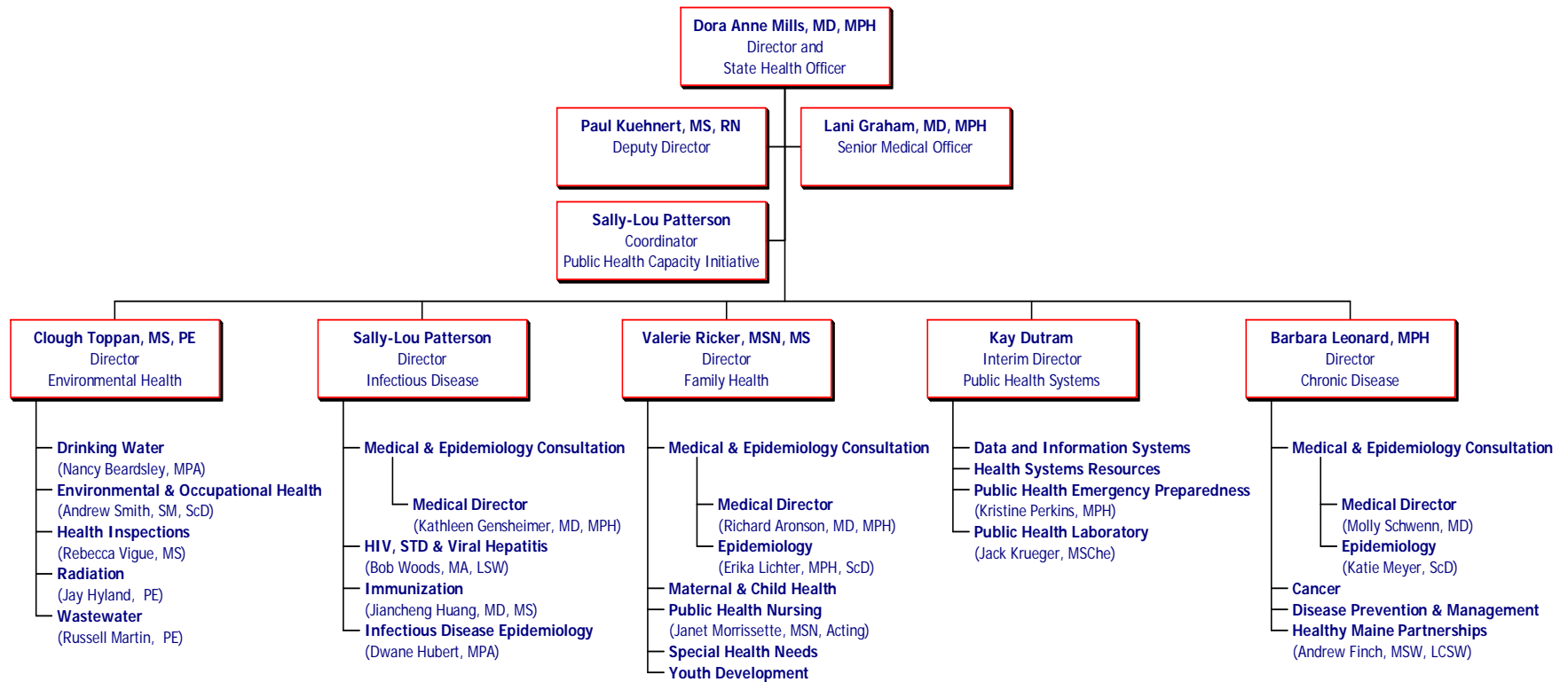
Community Health Accreditation Program (CHAP): CHAP is an independent accrediting body that objectively validates the quality of community health care practice. CHAP accreditation is commonly sought by home health, hospice, and community nursing agencies to show that they have achieved excellence in community care.

The Maine CDC will also closely monitor the progress of the *Exploring Accreditation* initiative currently being undertaken by the Association of State and Territorial Health Officials (ASTHO) and NACCHO. The goal of *Exploring Accreditation* is to examine the feasibility of applying a common core of public health performance standards across the nation.

Appendix D

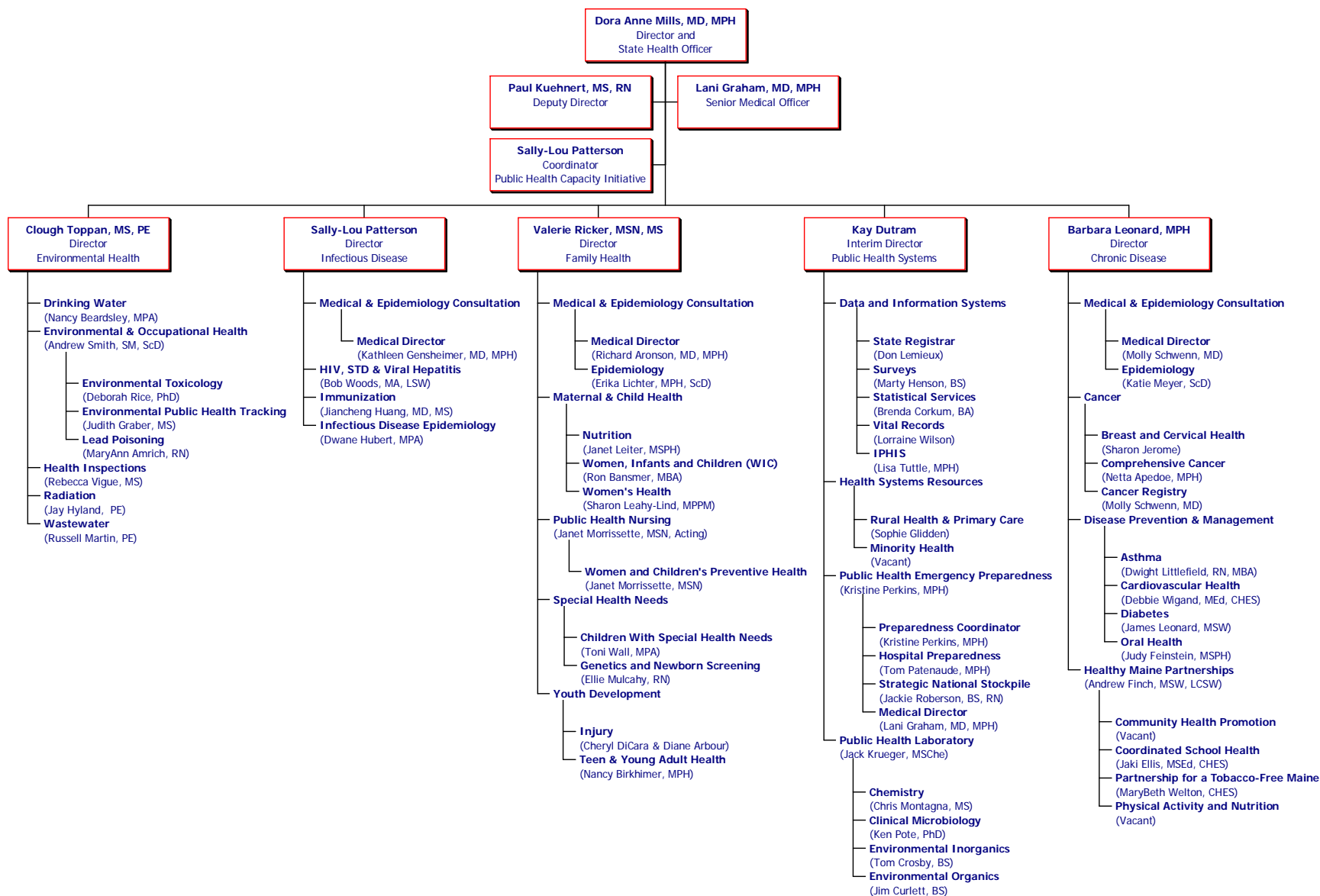
Organizational Charts

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Maine Center for Disease Control and Prevention

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Appendix E

Maine HHS Vision, Mission, Values

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**Mission Statement of the
New Department of Health and Human Services**

The Governor has set forth the goal of creating a system of human services that is cost effective, of the highest quality, and responsive to the needs of consumers. His commitment is to create the opportunity for every Maine citizen to realize his or her full potential through a health and human services delivery system that can and will support every Mainer in real need.

At this juncture in the process of creating the new Department, the Commissioner's Executive Management team has developed what could be called our "working" vision and mission; "working" because we will create a process to enable all DHHS staff to reflect on the vision, mission, and guiding principles generated by the Executive Management Team - to add value and to "make it their own." The intent is to develop a truly "shared" vision, mission, and set of guiding principles, shared by the entire department.

DHHS Vision

"Maine People Enjoy Safe, Healthy and Productive Lives"

(This is the What? – the picture of the desired future we intend to create). Visions are supposed to be exhilarating (not boring). Create a spark; excitement. Foster risk-taking. Even ennobling. Generate enthusiasm and commitment.

DHHS Purpose (i.e. Mission)

***"Our Purpose is to Provide Integrated Health and Human Services
That Effectively Meet the Needs of Maine People and Communities."***

(Why does DHHS exist? – What is our larger sense of purpose; the unique or distinctive value we contribute to the world)

DHHS Guiding Principles

Strive
Listen
Collaborate
Be accountable
Respect all people
Continuously Improve
Lead with Excellence
Support and Mentor each other
Serve each customer fully and well
Recognize that we are stewards of public resources
Ensure the accessibility of our people, services, and buildings

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Footnotes:

In accordance with:

“Leadership Framework” of Kouzes & Posner; and
Leadership competencies of the Maine Management Service

The statutory mission of the new department;

§202.Mission; guiding principles from P.L.2004 Chapter 689 is:

...to provide health and human services to the people of Maine so that all persons may achieve and maintain their optimal level of health and their full potential for economic independence and personal development. Within available funds, the department shall provide supportive, preventive, protective, public health and intervention services to children, families and adults, including the elderly and adults with disabilities. The department shall endeavor to assist individuals in meeting their needs and families in providing for the developmental, health and safety needs of their children, while respecting the rights and preferences of the individual or family.

The statutory philosophy and intent of the new department continues to be to:

1. Improve the health and well-being of Maine residents;
2. Treat consumers with respect and dignity;
3. Treat service providers with professionalism and collegiality;
4. Value and support department staff as the critical connection to the consumer;
5. Involve consumers, providers, advocates and staff in long-term planning;
6. Use relevant, meaningful data and objective analyses of population-based needs in program planning, decision making and quality assurance; and,
7. Deliver services that are individualized, family-centered, easily accessible, preventive, independence-oriented, interdisciplinary, collaborative, evidence - based and consistent with best practices.

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Appendix F

Maine State Health Plan

www.dirigohealth.maine.gov

Appendix G

National Public Health Performance Standards Program

www.phf.org

Appendix H

CDC Goals – Action Plan Development

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On August 25, CDC Director Dr. Julie Gerberding briefed ASTHO and other public health partners on the status of the CDC goals process and plans for the further development and implementation of action plans associated with those goals. Ultimately these goals will influence the allocation of resources to states for public health programming.

This will be an on-going process with action plan task forces being developed for each of the 21 major goals. New senior level positions will be established at CDC to lead the development of each of these action plans. Dr. Gerberding has indicated her desire to have significant input from the states and CDC's other public health partners in this action plan developmental process as it unfolds.

A copy of the presentation materials Dr. Gerberding used in her briefing (including information on each of the specific goals) can be found at:

www.cdc.gov/about/goals/goals.pdf

Appendix I

References

1. Robert S. Kaplan and David P. Norton, *the Strategy-Focused Organization: How Balanced Scorecard Companies Thrive in the New Business Environment* (Harvard Business School Press, 2001)
2. Robert S. Kaplan and David P. Norton, *Strategy Maps* (Harvard Business School Press, 2004)
3. Kaplan and Norton, “*The Balanced Scorecard: Measures That Drive Performance*,” Harvard Business Review (January-February 1992).